

## **Supplemental Digital Content:**

### **Appendix 1.**

#### **Inclusion and non-inclusion criteria for the study**

##### **Inclusion criteria:**

- Age  $\geq 18$  years.
- Documented diagnosis of abdominal sepsis according to the SEPSIS-3 criteria at the time of inclusion, most likely of gram-negative etiology.
- Immediate postoperative period ( $\leq 24$  h after surgery)
- Hypotension requiring vasopressor support (the need for at least one of the vasopressors listed below at the dose listed below no less than 2 and not more than 12 h continuously):

- Norepinephrine  $> 0.05$   $\mu\text{g/kg/min}$
- Dopamine  $> 10$   $\mu\text{g/kg/min}$
- Phenylephrine  $> 0.4$   $\mu\text{g/kg/min}$
- Epinephrine  $> 0.05$   $\mu\text{g/kg/min}$
- Vasopressin  $> 0.03$  units/min

Vasopressin (any dose) in combination with other vasopressors listed above

- Intravenous fluid therapy of at least 30 mL/kg was administered within 24 hours of inclusion.
- The patient's condition allowed for the use of an Efferon LPS column for at least 4 h.

##### **Non-inclusion criteria:**

- Failure to obtain informed consent from patients, family members, or legal representatives.
- Active local surgical infection
- Use of other blood purification methods for extracorporeal elimination of LPS and inflammatory mediators in the treatment of septic shock
- Failure to achieve or maintain a minimum mean arterial pressure (MAP)  $\geq 65$  mmHg despite vasopressor and fluid therapy for 24 h.
- End-stage renal disease
- Acute pulmonary embolism.
- Transfusion reaction
- Severe congestive heart failure (New NYHA class IV, LV ejection fraction  $< 35\%$ )
- History of acute myocardial infarction within the past 4 weeks.
- Uncontrolled bleeding (acute blood loss within the past 24 h)
- Severe granulocytopenia (white blood cell count  $< 0.5 \times 10^9/\text{L}$ ) or severe thrombocytopenia ( $< 30 \times 10^9/\text{L}$ )
- HIV infection
- Allergy to heparin or history of heparin-associated thrombocytopenia.
- Any other condition that, in the opinion of the investigator, would prevent the patient from being a suitable candidate for inclusion in the study (e.g., terminal chronic disease).
- Lack of adequate antimicrobial therapy.

## Appendix 2.

### Determination of bacterial endotoxin concentration

LPS concentration was measured using the kinetic LAL test [doi:[10.1128/jcm.27.5.947-951.1989](https://doi.org/10.1128/jcm.27.5.947-951.1989)] with materials, reagents, and standards from Associates of Cape Cod, Inc. (USA).

Blood samples were collected in 9 ml vacuum tubes and preserved with lithium heparin. Plasma was isolated by centrifugation at  $1000 \times g$  for 10 min and quickly frozen at  $-18^{\circ}\text{C}$ .

Plasma samples were thawed immediately before analysis, centrifuged ( $2000 g$  for 2 min), and inactivated. Inactivation was performed according to standard procedure [doi:[10.1038/s41598-021-83487-4](https://doi.org/10.1038/s41598-021-83487-4)] by adding  $50 \mu\text{L}$  of plasma to  $450 \mu\text{L}$  of apyrogenic water (LAL Reagent Water, cat# WP1001), followed by incubation in a thermostat at  $70^{\circ}\text{C}$  for 15 min. Samples of inactivated plasma, aqueous LPS solutions for calibration ( $0.005 \text{ EU/mL}$ ,  $0.05 \text{ EU/mL}$ ,  $0.5 \text{ EU/mL}$ ) prepared from the LPS control standard (CSE E. Coli O113:H10, cat# E0005-1), and apyrogenic water as a negative control (all  $40 \mu\text{L}$  each) were then placed in a 96-well flat-bottomed plate (Pyroplate, cat# CA961-10). Forty microliters of freshly prepared LAL reagent (PYROCHROME, cat# C1500-5) were added to each sample well. The plate was placed in a microplate spectrophotometer (SPECTROstar Nano, BMG LABTECH, Germany) preheated to  $37^{\circ}\text{C}$ . Serial stirring and recording of the optical densities at 390 and 450 nm were performed. The concentration of LPS in blood plasma was determined using a preset calibration line (Figure 1Sa).

The rapid degradation of LPS in blood plasma is well known [doi:[10.1007/BF01658154](https://doi.org/10.1007/BF01658154)]; therefore, we recalculated the measured values of LPS concentration considering the time between the sampling and freezing of the sample using preset degradation curves for different concentrations of LPS (ranging from  $0.05$  to  $5 \text{ EU/mL}$ ) in the plasma of healthy donors ( $n=16$ ) (Figure 1Sb).

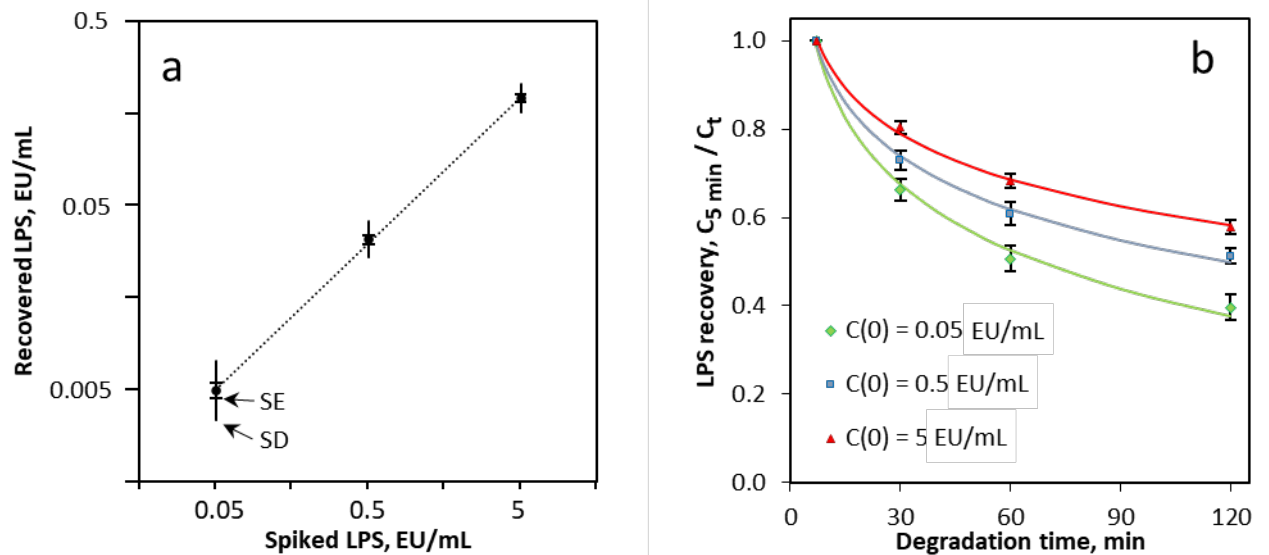


Figure 1S. a. The spike - recovery calibration curve (10x dilution), data given as mean  $\pm$  SE and SD. b. The LPS degradation curves at  $25^{\circ}\text{C}$ , data given as mean  $\pm$  SE.

### Appendix 3.

**Table 1S.** Isolated microorganisms and their sensitivity to antibiotics at the beginning of the therapy

	<b>Efferon LPS, n=38 (%)</b>	<b>Control, n=20 (%)</b>	<b>P-value</b>
<b>Gram-negative</b>	<b>25 (66)</b>	<b>12 (60)</b>	<b>0.776</b>
Escherichia coli	11 (29)	4 (20)	0.542
Carbapenem resistant	0	1	0.345
Klebsiella spp.	15 (39)	9 (45)	0.782
Carbapenem resistant	9	7	0.657
DTR**	6	6	0.400
Other Gram-negative bacteria	10 (26)	4 (20)	0.751
Carbapenem resistant	6	2	1
DTR	6	2	1
<b>Gram-positive</b>	<b>10 (26)</b>	<b>9 (45)</b>	<b>0.239</b>
Enterococcus spp.	5 (13)	5 (25)	0.290
Vancomycin resistant	2	1	1
Other Gram-positive bacteria	5 (13)	4 (20)	0.704
Proportion of patients (positive/total), in which bacteria resistant to the initial antibiotic therapy were found prior to initiation of antibacterial therapy*	<b>15/37 (41%)</b>	<b>7/19 (38%)</b>	<b>1</b>

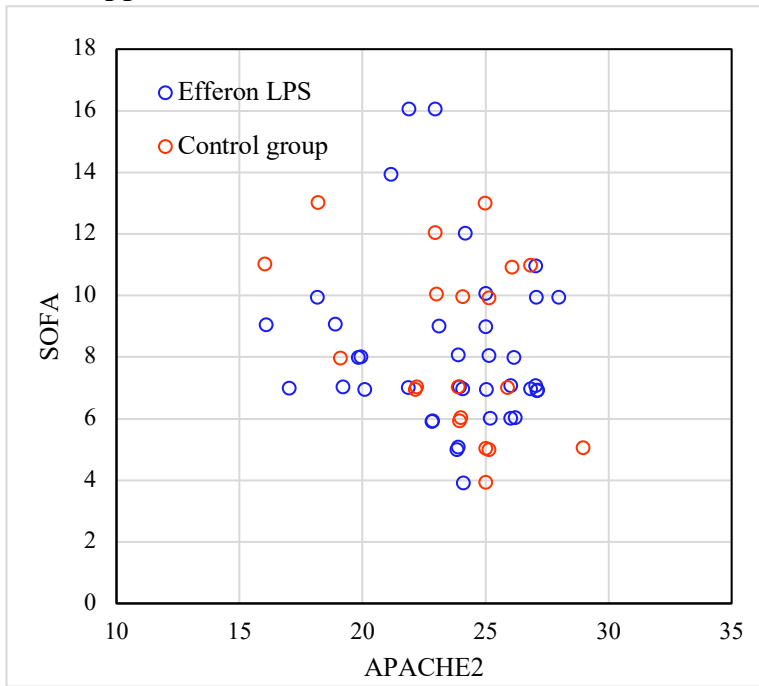
\* At least one of the microorganisms isolated from patients from the beginning of therapy was resistant or moderately resistant to all empirically prescribed antibiotics.

\*\* : DTR - Difficult to treat resistance. DTR status requires confirmed antibiotic resistance to  $\geq 1$  carbapenem,  $\geq 1$  extended-spectrum cephalosporin,  $\geq 1$  fluoroquinolone. Candida of unknown species have been reported only in two cases.

**Table 2S.** Bacteria species isolated from patients during hospitalization

	<b>Efferon LPS, n=38 (%)</b>	<b>Control, n=20 (%)</b>	<b>P-value</b>
<b>Gram-negative</b>	<b>35 (92)</b>	<b>19 (95)</b>	<b>1</b>
Escherichia coli	28 (74)	12 (60)	0.241
Klebsiella spp.	10 (26)	7 (35)	0.557
K. pneumoniae	4 (11)	5 (25)	0.253
Enterobacter spp.	9 (82)	3 (15)	0.510
Acinetobacter spp.	5 (13)	7 (35)	0.088
A. baumannii	3 (8)	6 (30)	0.052
Pseudomonas aeruginosa	5 (13)	2 (10)	1
Proteus spp.	4 (11)	1 (5)	0.647
Stenotrophomonas maltophilia	1 (3)	0 (0)	1
Citrobacter freundii	0 (0)	1 (5)	0.351
Moraxella spp.	1 (3)	1 (5)	1
<b>Gram-positive</b>	<b>22 (58)</b>	<b>19 (95)</b>	<b>1</b>
Enterococcus spp.	15 (39)	7 (35)	0.780
E. fecalis	14 (37)	7 (35)	1
Staphylococcus spp.	5 (13)	3 (15)	1
S. aureus	2 (5)	1 (5)	1
Streptococcus spp.	2 (5)	2 (10)	1
Pantoea agglomerans	0 (5)	1 (5)	0.351

#### Appendix 4.



**Fig 3S.** Scatter plot of SOFA vs APACHE II score.